



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lary et al. )  
Serial Number: 09/841,850 )  
Filed: 04/25/2001 ) Art Unit  
Examiner: Bao Truong ) 2875  
For: Head Apparatus with Light Emitting )  
Diodes )  
Attorney Docket Number: 70796.01 )

Honorable Commissioner of Patents and Trademarks  
Box Amendment  
Washington D.C. 20231

Sir:

Transmitted herewith is an amendment for entry in the above identified patent application.

Response to Office Action  
 Transmittal Form/Certificate of Mailing  
 Certificate for Extension of Time

DATED this 2nd day of September, 2003.

Respectfully submitted,

Michael E. Klicpera  
Attorney for Applicant  
Registration No. 38,044

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PTO/SB/21 (08-03)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

13

Application Number	09/814,850
Filing Date	04/25/2001
First Named Inventor	Lary
Art Unit	2875
Examiner Name	Truong
Total Number of Pages in This Submission	13
Attorney Docket Number	70796.01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael Klicpera
Signature	
Date	09/02/2003

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Date	09/02/2003

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